

MARRIAGE LICENSE REQUIREMENTS

- ❖ Cost \$53.00
- ❖ BLOOD TEST: Bride must have a blood test for Rubella. Lab or physician will provide a certificate which must be signed by both parties in the presence of the Clerk of Court. No blood test is required for the groom.

Note: If the bride is unable to have children (exempt from blood test on medical grounds), there is a place provided on the certificate for the doctor to check.
- ❖ IDENTIFICATION: Identification is needed – drivers license and birth certificate
- ❖ INFORMATION YOU WILL NEED TO KNOW:
 - Your birthplace, including county if possible
 - Parents' full names, including maiden name of mother
 - Parents' state or country of birth
 - Correct spellings
 - Copy of Decree of Dissolution or Death certificate of your most recent spouse if previously married.
 - **Your social security numbers**
- ❖ OUT-OF-STATE RESIDENTS: If both parties reside out of state, you must be married in the county in which you obtain your license.
- ❖ **UNDER 18:** If either party is 16 or 17 years of age, the following criteria must be met before a license can be issued
 - Both parties must participate in marriage counseling involving at least two separate counseling sessions not less than 10 days apart with a designated counselor. Provide letter from counselor stating compliance.
 - Signed consent of parents(s) or guardian(s) on reverse side of license application or separate, notarized letter.
 - District Court Judge's approval.
- ❖ **WAITING PERIOD:** License is effective upon issuance (no waiting period) and expires after 180 days.
- ❖ Witnesses must be 18 years of age or older
- ❖ **OFFICE HOURS:** Clerk of Court's office is open weekdays, 8 am to 5 pm.

**MADISON COUNTY CLERK OF DISTRICT COURT
COURTHOUSE, 2ND FLOOR, PO BOX 185 VIRGINIA CITY MT 59755-0185
(406)843.4230**

40-1-201 NO LICENSE TO BE ISSUED WHEN APPLICANTS UNDER THE
INFLUENCE OF LIQUOR OR DRUG.
WOMEN OVER THE AGE OF 50 EXEMPT FROM THE BLOOD TEST

**PLEASE COMPLETE AND BRING WITH YOU,
WITH SUPPORTING DOCUMENTANTION, TO
THE OFFICE OF CLERK OF DISTRICT COURT.
THANK YOU**

Groom	5a. GROOM'S NAME first		Middle	Last		5b. SOCIAL SECURITY NO.
	6a. RESIDENCE- State and Zip		6b. COUNTY		6c. STREET & NUMBER, CITY, TOWN OR LOCATION	
	7. BIRTHPLACE (City, County and State or Country)				8a. DATE OF BIRTH (Month, Day, Year)	8b. AGE
	9a. FATHER'S NAME (First, Middle, Last)				9b. ADDRESS (City & State)	9c. Birthplace (State or Foreign Country)
	10a. MOTHER'S NAME (First, Middle, maiden Surname)				10b. ADDRESS (If Different)	10c. Birthplace (State or Foreign Country)
	11. RACE-American Indian, Black, White, Etc (Specify)		12. SEX Male	EDUCATION (Specify only highest grade completed) Elementary - Secondary: (0-12) College: (1,2,3,4, or 5+)		
	14. Number of this Marriage First, Second, Etc. (Specify)		Previous Marriage			
			15a. Terminated by	15b. Name of Wife (First and Maiden Surname)	15c. Place of dissolution or death (County and state)	15d. Date dissolution or death (Month, Day, Year)
	16a. BRIDE'S NAME First		Middle	Last	16b. MAIDEN SURNAME (if different)	5b. SOCIAL SECURITY NO.
	17a. RESIDENCE- State and Zip		17b. COUNTY		17c. STREET & NUMBER, CITY, TOWN OR LOCATION	
BRIDE	18. BIRTHPLACE (City, County and State or Country)				8a. DATE OF BIRTH (Month, Day, Year)	8b. AGE
	20a. FATHER'S NAME (First, Middle, Last)				20b. ADDRESS (City & State)	20c. Birthplace (State or Foreign Country)
	21a. MOTHER'S NAME (First, Middle, maiden Surname)				21b. ADDRESS (If different)	21c. Birthplace (State or Foreign Country)
	22. RACE-American Indian, Black, White, Etc (Specify)		22. SEX Female	EDUCATION (Specify only highest grade completed) Elementary - (0-12) Secondary: College: (1,2,3,4, or 5+)		
	Number of this marriage First, Second, Etc. (Specify)		Previous Marriage			
OFFICIANT			15a. Terminated by	15b. Name of husband	15c. Place of dissolution or death (County and State)	15d. Date dissolution or death (Month, Day, Year)
	27. DATE OF MARRIAGE (Month, Day, Year)				28. PLACE OF MARRIAGE (County)	
	29. OFFICIANT				30. RELIGIOUS OR CIVIL OFFICIAL (Specify)	
	31a. LOCAL OFFICIAL MAKING REPORT TO STATE HEALTH DEPARTMENT (Signature and Title)				31b. DATE RECEIVED BY LOCAL OFFICIAL (Month, Day, Year)	
LEGAL INFORMATION	32a. ARE THE PARTIES RELATED? Yes No		32b. RELATIONSHIP			34. EITHER PARTY UNDER THE INFLUENCE OF INTOXICATING LIQUOR OR NARCOTIC DRUGS? Yes No
	33a. PRIOR APPLICATION REJECTED? Yes No		REASON AND DATE			
	35a. FUTURE ADDRESS- STREET & NUMBER			35b. CITY, STATE & ZIP CODE		35c. TELEPHONE NUMBER